



photos by Eva Maldonado, 233d BSB Public Affairs Specialist



The opening of the Darmstadt WIC Office in December marks the culmination of more than 20 years of work to bring WIC services to overseas locations. Left, Andres Chavis-Newell, age 4, cuts the ribbon assisted by his mother Stephanie at the WIC Office Grand Opening in Darmstadt Dec 20. Andres is the son of Sgt Matthew and Stephanie Chavis-Newell of Company D, 32nd Signal Battalion, Darmstadt, Germany. The family is enrolled in the WIC program. Top right, Valeria Richard, WIC Administrative Assistant, at her new work station. Bottom left, Darmstadt WIC Office supervisor and nutritionist Linda Olsen discusses procedures with Darmstadt Health Clinic commander MAJ Marie A. Dominguez.

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TRICARE Europe Strategic Plan Sets Future Agenda, Priorities

Troy Kitch

TRICARE Europe Public Affairs & Marketing

TRICARE Europe is currently developing a new strategic plan for 2003 that will steer TEO efforts for the new year.

The plan, developed by TEO staff and the TRICARE Europe Executive Steering Committee, establishes six primary goals and an updated vision and mission for TRICARE Europe.

The strategic plan will be more than a static document. It will be a living roadmap to help TEO staff frame and focus every task performed in the organization.

The following is a summary of the key elements of the 2003 Strategic Plan:

Vision: Provide a world class health plan of unparalleled performance for our beneficiaries. TRICARE Europe, your passport to quality health.

Mission: To design and administer a health plan with unparalleled performance; enhancing quality, access and value to our customers.

Goals

1. *Quality Patient Centered Care:* TRICARE Europe will strive to continually enhance

— See STRATPLAN, Page 10

TRICARE Europe Set for New Year of Progress

CAPT Barbara Vernoski
TRICARE Europe Executive Director

Once again we find ourselves at the end of a year, wondering where the past 12 months have gone, and amazed at the accomplishments and changes that have occurred.

The year 2002 has been a very busy one for both the service MTFs and the TRICARE Europe office.

The list of accomplishments, to name just a few include: successful JCAHO accreditations for a large number of MTFs, the successful beta test of the TRICARE On

CFO), opening of the remaining WIC Overseas sites, revitalization of the TRICARE Europe Medical Standardization initiative, and the revision of the TEO Strategic Plan.

These successes, along with so many others, are the underpinnings to our new regional logo "TRICARE Europe, Your Passport to Quality Health."

The TEO staff has found itself on the road more this year, sending the experts into the field to experience first-hand each MTF's unique

challenges and better target their training and consultation efforts.

This year has also provided us the opportunity to recognize outstanding Health Benefits Advisors (HBA) quarterly for the superb work they do working with our family of beneficiaries,

and to select our first HBA of Year Awardee, Ms. Heidi Lesnioski.

And in the midst of all of this, we said good-bye to one Lead Agent, BG Ursone and welcomed another, BG Granger!

The year 2003 looks to be even more exciting and filled with opportunities to excel as we mature our Host Nation PPN Quality of Care and Network Adequacy



CAPT Barbara Vernoski
Executive Director

"The year 2003 looks to be even more exciting and filled with opportunities to excel as we mature our Host Nation PPN Quality of Care and Network Adequacy initiatives, and continue to prepare for and respond to a variety of contingency operations."

— CAPT Barbara Vernoski

Line system, MTF deployments of medical personnel in support of operational missions, MTF preparations to support contingency operations, the opening of the second Fisher House at Landstuhl, visits from Dr. Winkenwerder (Assistant Secretary of Defense for Health Affairs and TMA Director) and Mr. Ford (Deputy Assistant Secretary of Defense for Health Budgets and Financial Policy, and TMA

initiatives, and continue to prepare for and respond to a variety of contingency operations.

The future unknowns make it that more important for all of us to take some time this holiday season to relax, renew relationships, and celebrate the joy of the season with family and friends.

On behalf of our Lead Agent, BG Granger, and the entire TEO Staff I want to thank the entire TRICARE Europe Region MHS team for the outstanding job you all have done caring for those who serve, who have served and their family members!

May you, your family and your staffs have a very blessed, happy and safe Holiday Season!



Leaders Gather in Berlin for TRICARE Europe Council

Troy Kitch

TRICARE Europe Public Affairs & Marketing

Military Treatment Facility, Branch Medical Clinic commanders, Component Service surgeons, and senior TRICARE Europe staff converged on Berlin, Germany from locales throughout Europe Nov. 21-22 for the biannual TRICARE Europe Council Meeting.

The TEC meeting is a chance for medical leaders to exchange ideas and address common concerns, as well as a forum for TRICARE Europe staff to get the word out on major programs, updates, and initiatives.

Here are synopses of the major presentations, all of which can be downloaded in full.

DOWNLOAD TEC BRIEFINGS AT:

www.europe.tricare.osd.mil/main/conferences/2002/tec-fy03-fall/



MHS Strategic Transformation

Mr. Nelson M. Ford

Mr. Ford, Deputy Assistant Secretary of Defense for Health Budgets & Financial Policy, presented the keynote address at the meeting. He focused on the DoD transformation strategy for the Military Health System, the goal of which is to "enhance DoD and our Nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care." This process addresses what our customers want and need from us, and examines the internal processes of the MHS in the context of efficiency, quality and readiness.

TEO Strategic Plan

CAPT Barbara Vernoski

CAPT Vernoski, TRICARE Europe Executive Director, discussed TRICARE Europe's new Strategic Plan. The key ob-

jectives of this plan are to ensure quality patient-centered care, optimize the direct care system, focus on contingency operations, ensure adequacy and efficiency of patient movement, improve data quality and availability for decision-making, and ensure effective two-way communication between TEO and key stakeholders. For more on the strategic plan, see page one.

Health Care Information Line

LTC Gail J. Williamson and Kevin P. Maher

LTC Williamson, TRICARE Europe's Deputy Chief of Health Operations, and Mr. Maher, Vice President of McKesson (the contractor responsible for the HCIL program), detailed the success and future challenges of the HCIL program. The HCIL is the largest 24 X 7 nurse line service provider in the United States. The briefers discussed how the HCIL delivers safe and effective results, TRICARE Europe HCIL program utilization, and the value of this call-in service.

Standardization Program

LTC James A. Signaigo

LTC Signaigo, Chief of Logistics at European Regional Medical Command, discussed the TRICARE Europe Standardization Program. Standardization ensures that every MTF uses the same "stuff," ensures interoperability, and saves money. As of August, the program has led to actual product line savings of \$41,629. He said that more savings are expected as this new program matures.

C-9 DIVESTITURE

Lt Col Kelley Kash

Lt Col Kash, commander of Theater Patient Movement Requirements Center-Europe, spoke about the way ahead for patient movement in Europe following the retirement of the C-9 aircraft next year. Kash said that the new patient movement concept of operations will be patient-focused. It will emphasize "door-to-door" service, in-transit visibility, and 24/7 assistance.

TRICARE ONLINE

CAPT Rod Fierek

CAPT Fierek, TRICARE Europe Chief of Support Services, described advantages and features as well as future capabilities of TRICARE Online. Worldwide deployment of the online portal is scheduled for April 2003. TOL is a one-stop web site for beneficiary information and services. It provides a secure, state-of-the-art portal for the entire MHS. He stressed that the key to success of this program is local ownership and leadership support.

HIPAA

CDR Sam Jenkins

CDR Jenkins, HIPAA Privacy Officer at TRICARE Management Activity, discussed the TRICARE Health Insurance Portability & Accountability Act (HIPAA) Project, a DoD health information privacy regulation. Jenkins discussed TMA's HIPAA training and compliance tools, reviewed the MTF HIPAA Privacy Officer action plan, and discussed the Service Representatives' roles in HIPAA implementation.



Bioterrorism Update

Lt Col George W. Christopher

Lt Col Christopher, Chief of Infectious Diseases Service at Landstuhl Regional Medical Center, presented an overview of major bioterrorism threats, lessons learned to date, and new initiatives in preparing for and dealing with potential bioterrorism threats.

First Clinicians Conference Gets Results

Troy Kitch

TRICARE Europe Public Affairs & Marketing

Clinicians from Military Treatment Facilities throughout Europe recently met with TRICARE experts in Mainz, Germany to exchange ideas, learn about tools that can help them with their practices, and to share ideas to better the TRICARE program.

TRICARE Europe hosted the first-ever Clinicians Conference to develop clinical leaders' skills and knowledge about available TRICARE programs in Europe. The conference also allowed TRICARE officials to see what was on the minds of the providers in our region, which will help steer future TRICARE policy.

"The younger clinicians were really eager to learn about coding, to use the web," said Col (Dr) James Rundell, TRICARE Europe Medical Director and Chief of Health Operations, "They are all very computer saavy, so we were very impressed by how quick they learned and absorbed the material."

The conference centered around three

primary objectives:

- *Improving coding accuracy.* Coding, the process of assigning a code to each service rendered at a military treatment facility, is critical to staffing effectiveness, budgetary discipline, population



health, and clinical quality.

- *Standardizing how we monitor our host nation network quality of care.* TRICARE Europe has a mission to ensure high quality health care to TRICARE

beneficiaries — no matter where in Europe a beneficiary may be assigned.

"We are working on ways to monitor and ensure consistent host nation care is given and enough host nation providers are available for our beneficiaries. This becomes especially important during contingency operations when more beneficiaries may have to be referred to host nation providers," Rundell said.

- *More frequent use of available information technologies by clinicians at MTFs around Europe* (e.g. data available from TRICARE Europe, internet-based telemedicine).

During the meeting, Rundell stressed that clinicians are very critical to the TRICARE mission since TRICARE Europe does not have a managed care support contractor such as exists in stateside TRICARE regions.

"The vast majority of clinicians across Europe see patients full-time every day. We wanted to pick their brains about what is and what is not important for TRICARE policies," he said.

WIC Overseas Rollout completed as TRICARE WIC Coordinator Retires

By Lamont Olsen & Karen Avarette

TRICARE Europe WIC Program

With the opening of the final WIC Overseas office in Europe in December, service members and other eligible beneficiaries throughout Europe now enjoy the same WIC services overseas as they would receive in CONUS.

Service members who are currently receiving WIC Services in CONUS can now usually transfer their eligibility to Europe or back to CONUS as they PCS from one location to another.

WIC in Europe has already developed into an extremely popular program, receiving a near 100% satisfaction rating from all participants.

Since the first WIC-O Offices opened in

January 2000 more than 105,258 participants have received nutrition counseling and food vouchers.

As of Nov. 2002, there are 24,485 active participants being serviced in overseas locations. Over 9.2 million dollars of nutritious foods have been provided to service members and other authorized beneficiaries.

Much of the credit for the successful rollout of the WIC overseas program must go to LTC Muriel Metcalf, former TRICARE WIC Coordinator, for bringing WIC-O to Europe.

It was her vision and tireless work that ensured that WIC-O services are now available to thousands of service members and their families, again proving that "WIC

Works."

LTC Metcalf retired from the military in December, the same month that the last of 51 WIC-O offices opened.

We all wish LTC Metcalf well deserved success in her retirement.



LTC Muriel Metcalf, former WIC Overseas coordinator, steered the European implementation of the WIC program from start to finish.

LTC Metcalf is retiring after 36 years of service.

New Contract for Remote Health Care

Troy Kitch

TRICARE Europe Public Affairs & Marketing

TRICARE Management Activity recently announced the award of a multimillion-dollar contract to International SOS



Assistance, Inc. of Treviso, Pa. to provide health care benefits to active duty members and their families who live in remote locations around the world.

Service members and families enrolled in TRICARE Europe Prime Remote and who reside in remote locations of Europe, Africa, and the Middle East will be covered by the contract. Currently, this program is available in select countries in the Central Command area. The new contract will expand this availability to the European theater. Once the program is completely phased in, all of the TRICARE Europe area of responsibility will be covered.

"International SOS will deliver standardized, accessible health care to our beneficiaries in remote areas," said Maj.

Wayne White, TRICARE Europe Director of Remote Health Care, "One of the major benefits of the program is that active duty and family members assigned in countries that do not have a U.S. military treatment facility will enjoy a "cashless, claimless" benefit when they use providers within the International SOS network."

The contract will provide routine, urgent and emergency medical and dental services for active duty service members. Only routine, urgent and emergency medical services will be provided to family members, as the TRICARE Dental Program provides dental services for these beneficiaries.

The contract will also provide urgent or emergency care for active duty service members who are TDY/TAD, deployed or on leave while deployed or in an authorized leave status in remote overseas locations. Navy deployed forces will be provided care if the Line Navy chooses to exercise this option under the contract.

The contract is for one year, plus four option years and is valued at approximately \$2 million to \$5.8 million per year.

"While the transition to this new service won't happen overnight, we are excited about the progress that is being made," White said, "Further details about the new program will be provided to affected beneficiaries as the program is phased in."

Provider Recoupment Update for FY 2003

Uli Engel

Deputy Director, Regional Operations

Sometimes providers are paid incorrectly or overpaid and it is necessary for Wisconsin Physician Service to request that the money be paid back.

In most instances, the providers will recognize that they have been paid incorrectly and voluntarily repay the funds.

While the system of funds transfer by civilian providers throughout Europe in most cases is done electronically, DoD and WPS prefer that funds be paid back by check.

Repayment checks should be made out to WPS/CHAMPUS. If a provider can not issue a check to WPS, they may wire transfer the funds. Here are the details

that you will need to complete a wire transfer:

RECIPIENT BANK:

M&I Marshall & Ilseley Bank
Milwaukee, WI, USA
Swift: MARL US 44
TELEX: TRT 190470 Maril Mil

Instruct the bank that further credit is to be made to:

FINAL RECIPIENT BANK:

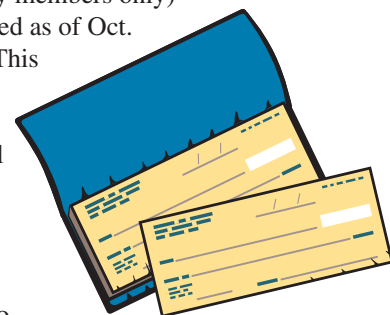
M&I Madison Bank
Madison, WI, USA
ABA#: 075911205
Account Name: Wisconsin Physician Service/CHAMPUS
For family members, the account

number is 221-80015. For active duty members, the account number is 57-24697.

Note that the above account number (for family members only) has changed as of Oct. 1, 2002. This number changes each fiscal year.

Please be sure to tell the provider to include the claim number when wiring funds.

All fund-wiring fees will be borne by the recipient of the funds (WPS).



Tentative Dates Set for 2003 TRICARE Europe Benefits Training

○ England	_____	22-24 Jan 03
○ Spain	_____	08-10 Apr 03
○ Germany	_____	15-17 Jul 03

TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *Can an unremarried former spouse (of an active duty member) residing in CONUS enroll in TRICARE Prime? Does he/she have to pay an enrollment fee?*

A: An unremarried former spouse in CONUS may still be entitled to enroll in TRICARE Prime, but because of the divorce he or she is no longer considered a "legal" dependent. Therefore, the unremarried spouse must pay the same enrollment fees as a retiree or his/her dependent. Eligibility for this benefit is determined by the Defense Enrollment Eligibility Reporting System (DEERS) – you may contact your servicing personnel office to check your eligibility.

Q: *I am a reservist who will soon be demobilizing following one year active duty time (my cumulative active duty time is well short of 6 yrs). Are my dependants eligible for transitional health coverage?*

A: You may be eligible to use the Transitional Assistance Management Program (TAMP). TAMP establishes full TRICARE eligibility for reservists who served in connection with contingency operations (and their family members), and for service members involuntarily separated from active duty (and their family members). Sponsors and their family members are eligible for continued TRICARE benefits including enrollment/re-enrollment in TRICARE Prime services and MTF care for a defined period of time as indicated through DEERS. However, if the dependents were not eligible for enrollment in Prime (for

example, if the member's orders were not for 179 days or more, or they did not accompany the member in their assignment in foreign country) they are not eligible to enroll in Prime during the TAMP period. It is the member's personnel office who will determine eligibility for this program. You may also use the Continued Health Care Benefit Program (CHCBP), which provides temporary health care coverage at a cost. In depth information regarding CHCBP is provided at the following link: <http://www.tricare.osd.mil/chcbp/default.htm>.

Q: *I am currently under orders to report to a remote site. I know my family and I will be covered under TRICARE Prime Remote, but what about my dependent mother?*

A: Family member parents and parents-in-law are entitled to direct care in Military Treatment Facilities but are not entitled to TRICARE coverage for civilian care. These beneficiaries remain eligible for care at MTF's on a space-available basis, but that is the extent of their benefit. There is also a pharmaceutical benefit for dependant parents/inlaws under the TRICARE for Life program.

Q: *I am going to pay for chiropractic care later this month out of my own pocket. The military will only prescribe pain killers & physical therapy, neither of which takes care of my problems. Is there a way to recoup part or all of my expenses if I see an American chiropractor who practices here in Europe?*

A: TRICARE does not cover chiropractic services or associated expenses. However, DoD has implemented a Chiropractic Care Program for Active Duty personnel only. This benefit is currently available at 13 MTFs in the states. For additional information see <http://tricare.osd.mil/chiropractic/>.

Remote Site Team Takes Training to UAE

MAJ Wayne White
Chief, Remote Site Health Care
TRICARE Europe

Three members of the TEO staff provided TRICARE training in Abu Dhabi, United Arab Emirates for 13 remote site health care points of contact stationed in the Central Command Area of Responsibility.

The purpose of the conference was to train the POCs on current TRICARE benefits and procedures, as well as the the remote site health care program, which is operated by International SOS.

CAPT Timothy Hoiden, Deputy Chief, Remote Site Health Care, and MAJ Brian Patterson, U.S. Liaison Office, Abu Dhabi, coordinated an outstanding event. The POC's received much needed information and clarification concerning TRICARE benefits, remote site health care program, TRICARE Health Insurance Portability & Accountability Act (HIPAA)

requirements and patient movement.

One participant said, "This was truly an eye opener to me."

An Arabian Adventure was also organized for conference participants. The event was truly an adventure. Participants enjoyed a camel ride, authentic desert cuisine and other traditional activities. The event was business-focused mixed with Arabian fun.



Remote site health care POCs from nine countries traveled to Abu Dhabi for the training

photo by MSgt Ron Peoples

... Information at Your Fingertips

M2 'Data Mart' Offers Powerful Tools for Leaders

Allison Russo

TRICARE Europe Data Analyst

The Military Health System Management Analysis and Reporting Tool ('M2') is an exceptionally powerful analytic tool built to support health care analysts within the MHS.

M2 combines a powerful commercial ad hoc query tool with MHS clinical, financial, and beneficiary demographic data. The application was built to support analysts and MHS leadership in the analysis, management, and oversight of MHS operations.

Already deployed to over 400 MHS analysts worldwide, the MHS Executive Information and Decision Support (EI/DS) Program Office hopes to reach more than 1,000 users by the end of this year.

M2 = Strategic Health Care Planning

The primary purpose of the M2 data mart is to support strategic health care planning by MHS leaders. Analysts can build and edit reports to facilitate decision-making,

perform trend analysis using integrated data, and conduct patient and provider profiling studies.

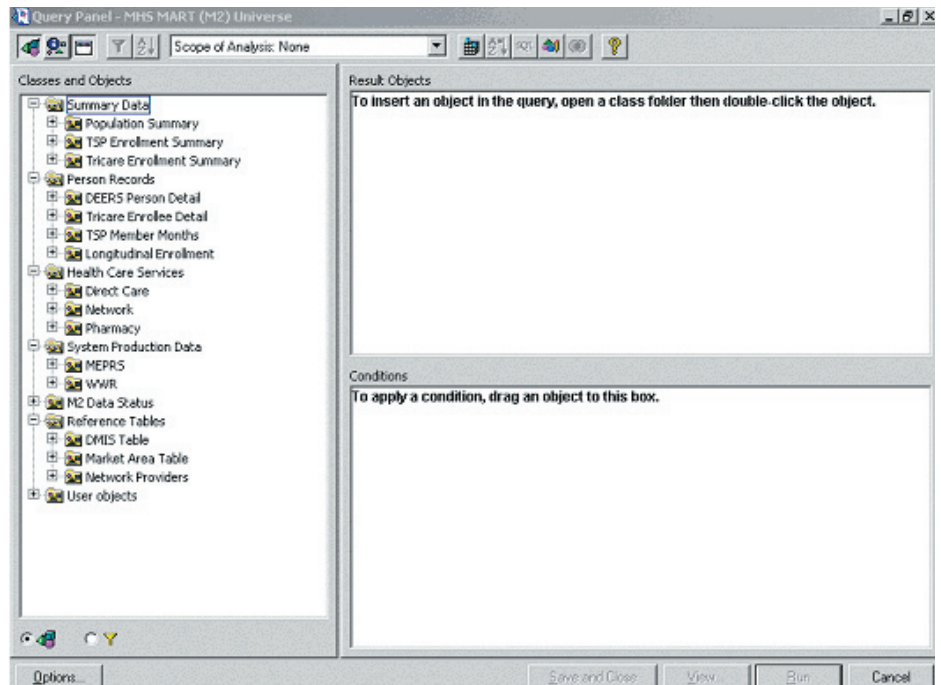
Using this information, MHS leaders can review "Make-vs-Buy" analyses, identify opportunities to shift healthcare from private sector to MTFs, and review utilization management data (e.g. ER visits per 1,000 enrollees, preventable admission rates).

This information can also facilitate the practice of proactive health care management (i.e. preventive medicine, managed care) for MTF-enrolled populations and monitor patients' use of these services.

The most impressive feature of the M2 data mart is the integration of Military Treatment Facility care data with external claims data which allows the user to have a "total patient care" view of the MHS.

M2 has summary and detailed data views of all TRICARE regions and provides various levels of aggregation for analyzing and reporting MHS data. The drag and drop functionality of the ad hoc query tool provides the user with a straightforward means of generating custom reports and graphs quickly and easily.

Once created, these custom reports are easy to access and update again and again.



The M2 data mart interface offers easy file folder access to different types of information.

M2 Key Features

M2 contains comprehensive data sets from various sources, including:

MTF Data Sets

- SIDR (Standard Inpatient Data Record)
- SADR (Standard Ambulatory Data Record)
- WWR (World Wide Workload Reports)
- EASIV (Expense Assignment System Version 4)

External Data Sets

- CSR (Health Care Service Record) – Network institutional and professional service claims
- NMOP (National Mail Order Pharmacy)

Beneficiary Demographic Data

- DEERS (Defense Enrollment Eligibility Reporting System) Eligibility Data
- TRICARE Enrollment Data
- TRICARE Longitudinal Enrollment Data
- TRICARE Senior Prime Enrollment Data





TRICARE Europe Holiday Wishes

TRICARE Europe staff members, friends, and family of all ages gathered recently to celebrate the season at a local restaurant in Kaiserlautern, Germany.

We hope you too had the good fortune to spend quality time with your friends and family this holiday season — wherever you are in the world.

M2, from page 7

Who Uses M2?

Primary users of M2 include clinical, financial, and managed care analysts and data analysts supporting organizational decision-making and strategic planning.

Other users may include utilization managers and quality assurance staff, disease and case managers, or the users of various MHS legacy systems.

Most users are located at Lead Agents, Intermediate Commands, Medical Information Activities, Offices of the Surgeon General, and TMA/Health Affairs.

TRICARE Europe currently has approximately twenty users within the theatre, and the TEO Information Systems and Analysis Office plans to initiate a Region 13 User's Group in January.

This group will provide a monthly forum for regular users of M2 to discuss topics related to its use and decision analysis. For more information about the Region 13 User's Group, send an

Query Panel - MHS MART (M2) Universe

Scope of Analysis: None

Classes and Objects

- Summary Data
- Person Records
- Health Care Services
- Direct Care
- Inpatient Admissions
 - Inpatient Admissions Summary
 - Days in Hospital, Raw
 - Days in Hospital, Total
 - Full Cost, Raw
 - Full Cost, Total
 - Medicare Dispositions, Raw
 - Medicare Dispositions, Total
 - Number of Dispositions
 - Number of Dispositions, Total
 - Preventable Dispositions
 - Preventable Dispositions, Total
 - Price, Raw
 - Price, Total
 - RWP, Raw
 - RWP, Total
 - TFL RWP Earning
 - TFL RWP Earning, Total
 - TFL RWP Mil Pay
 - TFL RWP Mil Pay, Total
 - TFL RWP O&M Ea
 - TFL RWP O&M Ea, Total
 - Variable Cost, Raw
 - Variable Cost, Total

Result Objects

- Preventable Dispositions, Raw
- RWP, Raw
- Beneficiary Category
- Admission Category

Simple "drag and drop" Query Builder

Easy to build customized reports

BusinessObjects - Document1 - [russoalli]

File Edit View Insert Format Tools Data Analysis Window Help

FOR OFFICIAL USE ONLY - May contain

Region 13 Preventable RWP's by BENCAT

Beneficiary Category	Preventable Dispositions, Raw	RWP, Raw	RWP Disposition
ACT	175	4,516.9402	
DA	73	4,436.3421	
DCO	0	3.3762	
DR	35	296.0836	
DS	8	42.6692	

email to Allison.Russo@europe.tricare.osd.mil or call 496-6322.

For more information on how to obtain an M2 account, contact your Service CIO Office or visit the EI/DS web portal <http://eidportal.ha.osd.mil/> for details.



Congratulations to Mrs. Penny Dunn, Beneficiary Counseling And Assistance Coordinator of the Quarter! Dunn works at the TRICARE Service Center at U.S. Naval Hospital Keflavik, Iceland.

Public Affairs & Marketing Update

Marketing Material Available

Visit the 'Marketing Downloads' section of our website at <http://www.europe.tricare.osd.mil/mtf/MilHealth.asp>. Formerly called "Marketing graphics," this site now hosts graphics, posters, flyers, and other products for you to download and use at your facility. Also be sure to check out TRICARE Europe Marketing news, a new online feature available on the Marketing Orders and Verifications section of the site.



March 1, 2003 is Next Order Deadline

Be sure to mark March 1 on your calendar. This is the deadline for your next marketing order for TRICARE Europe Passports, Take Care of Yourself/Child books, and the Health Care Information Line kit.

SPREAD THE WORD! Emergency Phone Numbers in Europe

When traveling throughout Europe, you can use toll free "112" as an emergency contact number in any country that is a member of the European Union. You can dial this number in case of an accident, assault or in any other distress situation.

112

The following countries are part of the European Union or using the 112 emergency phone system: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Lichtenstein, Netherlands, Norway, Portugal, Spain, Sweden and United Kingdom.

Normally, you use the language of the country where you are. However, operators are generally able to answer in English. See www.112.sos.be/code/en/tout.htm for additional information.

New Mail Order Pharmacy Contract

The Department of Defense, TRICARE Management Activity (TMA), awarded Express Scripts Inc. of Maryland Heights, Mo., the contract to provide mail order pharmacy services for the TRICARE Program.

The contract covers a five-year period and is valued at approximately \$275 million over the five years. The new pharmacy contract, called the TRICARE Mail Order Pharmacy Program, will replace the existing National Mail Order Pharmacy Program beginning on or about March 1, 2003.

Be Aware of Unofficial Solicitations

According to TRICARE Management Activity's General Counsel office, TRICARE staff members may occasionally receive unsolicited messages from private individuals, or from those who may or may not charge for compilation of government and personal information.

The General Counsel recommends that recipients do not respond to these kinds of requests. First, the requestor may not be who they say they are; second, if they want information, they may make a FOIA request. If the information is releaseable, it will be released through proper channels.

This advisory follows a recent message was sent to many TRICARE members that begins: "Your assistance is needed. Acquiring accurate information from government offices is extremely time consuming, and unfortunately much of that found on the Internet is NOT current ... Please take a few minutes to assist in assuring that our TRICARE and base information is accurate."

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DSN: 496-6315 or Comm: 00-49-0-6302-67-6315
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Top BCAC of the Year Named



Photo by CAPT Tim Hoiden

Heidi Lesnioski receives her award from CAPT Barbara Vernoski, TRICARE Europe Executive Director

Congratulations to Heidi Lesnioski, the TRICARE Europe Beneficiary Counseling And Assistance Coordinator of the Year! Ms. Lesnioski works at the Tricare Service Center at Ramstein Air Base, an office that provides customer service to over 23,000 beneficiaries in their local catchment area.

Ms. Lesnioski developed a unique tracking system to ensure annual timely review of all providers. She also served as the lead BCAC in Fiscal year 2001/2002 during a period of 50 percent staffing coupled with a complete turnover of element leadership.

Her diligence and motivation ensured the TRICARE element arranged and coordinated an average of 350 external referrals per month.

In addition to a crystal trophy, Ms. Lesnioski will receive a fully-funded trip to the annual TRICARE Conference in Washington, D.C.

STRATPLAN, From Page 1

patient centered care to ensure that beneficiaries receive quality care from host nation providers, and patients experience world class healthcare services in our region. Our goal is to meet or exceed all U.S. standards for care provided within the direct care system.

2. Optimize Direct Care System: TRICARE Europe will strive to optimize the direct care system to provide the best value. This will be accomplished by optimizing product standardization across our area of responsibility, and by identifying opportunities for workload recapture and Preferred Provider Network expansion.

3. Contingency Operations: TRICARE Europe will ensure continuity of the health care benefit during contingencies. This will be accomplished by evaluating how the healthcare benefit is provided in the midst of contingency ops. Once healthcare needs during a contingency are assessed, TEO staff plan to develop a con-

tingency "toolkit" to help ensure continuity during subsequent contingencies.

4. Patient Movement: TEO will work with Military Treatment Facilities and stakeholders to ensure that every patient receives timely movement to the most appropriate care, stressing maximum use of healthcare resources to minimize patient movement. TRICARE Europe staff will also facilitate the creation of systematic methods of coordinating patient movement.

5. Data: TRICARE Europe will strive to analyze and communicate quality data to support meaningful decisions. Clinicians routinely receive and utilize accurate data that is relevant to their daily practice of

medicine; MTF Commanders have access to accurate data that facilitates best value decisions; leaders have access to regional data that accurately describes healthcare delivery to our beneficiaries. Given these factors, TEO staff will assess data

needs, build mechanisms to distribute available data and information to clinicians and MTFs, and improve claims data quality.

6. Effective Communication: TRICARE Europe will stress effective two-way communication with our internal and external stakeholders relative to execution

of the Military Health System plan within our AOR. A communication plan will be developed to facilitate this exchange.

Look for updates to the 2003 Strategic Plan in the next issue of the Compass, as well on the TRICARE Europe website.





photos by Eva Maldonado, 233d BSB Public Affairs Specialist

LAST WIC OVERSEAS OFFICE OPENS!

The opening of the Darmstadt WIC Office in December marks the culmination of more than 20 years of work to bring WIC services to overseas locations. Here, Andres Chavis-Newell, age 4, cuts the Grand Opening ribbon assisted by his mother Stephanie at the WIC Office Grand Opening in Darmstadt Dec 20. Andres is the son of Sgt Matthew and Stephanie Chavis-Newell of Company D, 32nd Signal Battalion, Darmstadt, Germany. The family is enrolled in the WIC program. Worldwide, WIC Overseas now serves over 24,000 service members, civilians, and their family members.

NEW Contract Secured for Remote Health Care Overseas

Troy Kitch

TRICARE Europe Public Affairs & Marketing

TRICARE Management Activity recently announced the award of a multimillion-dollar contract to International SOS Assistance, Inc. of



Trevoze, Pa. to provide health care benefits to active duty members and their families who live in remote locations around the world.

An AEA Company

Service members and families enrolled in TRICARE Europe Prime

Remote and who reside in remote locations of Europe, Africa, and the Middle East will be covered by the contract. Currently, this program is available in select countries in the Central Command area. The new contract will expand this availability to the European theater. Once the program is completely phased in, all of the TRICARE Europe area of responsibility will be covered.

"International SOS will deliver standardized, accessible health care to our beneficiaries in remote areas," said Maj. Wayne White, TRICARE Europe Director of Remote Health Care, "One of the major benefits of the program is that

active duty and family members assigned in countries that do not have a U.S. military treatment facility will enjoy a 'cashless, claimless' benefit when they use providers within the International SOS network."

The contract will provide routine, urgent and emergency medical and dental services for active duty service members. Only routine, urgent and emergency medical services will be provided to family members, as the TRICARE Dental Program provides dental services for these beneficiaries.

The contract will also provide urgent or emergency care for active duty service members who are TDY/TAD, deployed or on leave while deployed or in an authorized leave status in remote overseas locations. Navy deployed forces will be provided care if the Line Navy chooses to exercise this option under the contract.

"While the transition to this new service won't happen overnight, we are excited about the progress that is being made," White said, "Further details about the new program will be provided to affected beneficiaries as the program is phased in."



TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *Can an unremarried former spouse (of an active duty member) residing in CONUS enroll in TRICARE Prime? Does he/she have to pay an enrollment fee?*

A: An unremarried former spouse in CONUS may still be entitled to enroll in TRICARE Prime, but because of the divorce he or she is no longer considered a "legal" dependent. Therefore, the unremarried spouse must pay the same enrollment fees as a retiree or his/her dependent. Eligibility for this benefit is determined by the Defense Enrollment Eligibility Reporting System (DEERS) – you may contact your servicing personnel office to check your eligibility.

Q: *I am a reservist who will soon be demobilizing following one year active duty time (my cumulative active duty time is well short of 6 yrs). Are my dependants eligible for transitional health coverage?*

A: You may be eligible to use the Transitional Assistance Management Program (TAMP). TAMP establishes full TRICARE eligibility for reservists who served in connection with contingency operations (and their family members), and for service members involuntarily separated from active duty (and their family members). Sponsors and their family members are eligible for continued TRICARE benefits including enrollment/re-enrollment in TRICARE Prime services and MTF care for a defined period of time as indicated through DEERS. However, if the dependents were not eligible for enrollment in Prime (for

example, if the member's orders were not for 179 days or more, or they did not accompany the member in their assignment in foreign country) they are not eligible to enroll in Prime during the TAMP period. It is the member's personnel office who will determine eligibility for this program. You may also use the Continued Health Care Benefit Program (CHCBP), which provides temporary health care coverage at a cost. In depth information regarding CHCBP is provided at the following link: <http://www.tricare.osd.mil/chcbp/default.htm>.

Q: *I am currently under orders to report to a remote site. I know my family and I will be covered under TRICARE Prime Remote, but what about my dependent mother?*

A: Family member parents and parents-in-law are entitled to direct care in Military Treatment Facilities but are not entitled to TRICARE coverage for civilian care. These beneficiaries remain eligible for care at MTF's on a space-available basis, but that is the extent of their benefit. There is also a pharmaceutical benefit for dependant parents/inlaws under the TRICARE for Life program.

Q: *I am going to pay for chiropractic care later this month out of my own pocket. The military will only prescribe pain killers & physical therapy, neither of which takes care of my problems. Is there a way to recoup part or all of my expenses if I see an American chiropractor who practices here in Europe?*

A: TRICARE does not cover chiropractic services or associated expenses. However, DoD has implemented a Chiropractic Care Program for Active Duty personnel only. This benefit is currently available at 13 MTFs in the states. For additional information see <http://tricare.osd.mil/chiropractic/>.

Emergency Phone Numbers in Europe

When traveling throughout Europe, you can use toll free "112" as an emergency contact number in any country that is a member of the European Union. You can dial this number in case of an accident, assault or in any other distress situation.

The following countries are part of the European Union or using the 112 emergency phone system: Austria, Belgium,

Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Lichtenstein, Netherlands, Norway, Portugal, Spain, Sweden and United Kingdom.

Normally, you use the language of the country where you are. However, operators are generally able to answer in English. Additional information can be found at: www112.sos.be/code/en/tout.htm.



Current DEERS Data Critical for Care

Defense Enrollment Eligibility Reporting System (DEERS)



Maintaining eligibility in DEERS is the key to ensuring access to health care for sponsors and their family members. When DEERS is current, the door to TRICARE benefits is always open.

To receive care at a military treatment facility in Europe or from any host nation care provider, sponsors and family members must be eligible and registered in DEERS. If the sponsor is registered in DEERS but the family is not, or the family has not verified eligibility within the last four years, family members are ineligible for TRICARE health and pharmacy benefits.

Any claims filed with the claims processor for TRICARE Europe for anyone not registered in DEERS may be denied.

Sometimes when sponsors change their status — active to retired, enlisted to officer or active to Reserve — breaks in coverage or “underlaps” in eligibility may occur, creating DEERS eligibility problems for sponsors and family members.

During a status change, eligibility for the sponsor ends under the former status and begins again once the sponsor's new status has been entered into DEERS. Problems may occur any time there is a delay updating the sponsor's new eligibility status in

"Keeping DEERS information current is the responsibility of all sponsors. It's also the key for maintaining good health and access to your TRICARE health care benefits."

Sponsors who keep DEERS up-to-date with current addresses, telephone numbers and the status of all personal events — marriages, divorces, deaths, births, re-enlistments, retirements, etc. — eliminate access problems for themselves and family members.

Keeping DEERS information current helps ensure that any claims filed for the sponsor or family member are processed quickly and accurately.

Keeping DEERS current also ensures that important TRICARE-related health care documents — enrollment cards, brochures, privacy notices, etc. — and, in some cases, prescription medications are delivered to the sponsor and family member at the correct address and on time.

Keeping DEERS information current is the responsibility of

all sponsors. It's also the key for maintaining good health and access to your TRICARE health care benefits.

DEERS information for sponsors and family members may be verified by contacting the nearest uniformed services personnel office. Sponsors and family members may also update their home addresses on the TRICARE web site at www.tricare.osd.mil/DEERSAddress.

TRICARE Plus With Other Health Insurance?

Shane Pham

Medical Service Coordinator

TRICARE Europe

TRICARE Plus is a military treatment facility primary care enrollment program that provides many beneficiaries enrolled in TRICARE Standard in Europe with direct access to MTF care. Availability varies from MTF to MTF, based on the capabilities of a given facility.

There are approximately 10,400 PLUS enrollees in Europe.

All beneficiaries eligible for care in military treatment facilities (except those enrolled in TRICARE Prime, a civilian HMO, or Medicare HMO) may seek enrollment for primary care at military treatment facilities where enrollment capacity exists.

If a member has OHI (Other Health Care) then, in accordance with federal regulations, the OHI must be the first payer. This means that if someone with OHI is enrolled in TRICARE Plus, the MTF must bill the OHI.

For this reason, the government lists beneficiaries with OHI as ineligible for the TRICARE Plus benefit. For those who are eligible, it is important to stress that TRICARE Plus is a military treatment facility primary care access program, not a health plan.

TRICARE Plus does not provide any coverage for civilian provider care. Civilian medical care coverage is provided in accordance with the TRICARE Standard option.

Program for Persons With Disabilities Available

The Program for Persons with Disabilities (PFPWD) provides additional financial assistance to active duty families with severely disabled children or spouses who require intense, specialized care or equipment.

Program benefits may be granted to beneficiaries with a diagnosis of moderate to severe retardation or serious physical disability.

The program provides for specialized institutional care, training or rehabilitation when the required services are not available from public institutions or agencies such as the Department of Defense Dependant Schools system.

It does not cover homemakers, sitters or companions, home modifications or special education for conditions such as dyslexia or hyperactivity (except in cases when the individual meets the criteria for mental disability).

Under PFPWD, the sponsor pays a minimal initial share of the monthly cost, according to his or her pay grade, and the government pays an amount not to exceed \$1,000 per month.

If more than one person in the family qualifies for the program, TRICARE will pay all allowable costs for the additional disabled family members. Authorization must be obtained in advance for all PFPWD services and all services must be medically necessary. Occupational therapy, speech therapy and physical therapy require a written treatment plan. The authorization must be re-evaluated every six to twelve months to ensure that the specified treatment is

effective and that the client is making progress under the program.

For more information about the Program for Persons With Disabilities (and for help

with interpretation of PFPWD rules and guidelines) contact your local TRICARE Service Center Beneficiary Counseling and Assistance Coordinator. You can also learn more about the PFPWD via the web by visiting

www.europe.tricare.osd.mil. Choose "Fact Sheets" from the A-Z alphabetical drop down menu on TRICARE Europe's home page.



TRICARE FOR LIFE in Europe

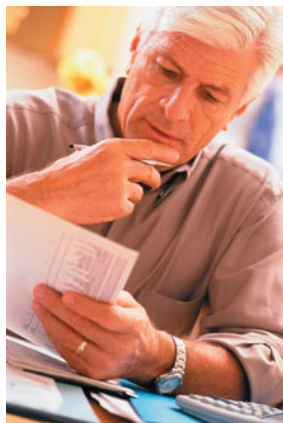
○ Beneficiaries now experience no break in TRICARE coverage when they purchase Medicare Part B upon qualifying for Medicare Part B on their 65th birthday. In the Continental U.S., TRICARE will pay secondary to Medicare, beginning on the 1st day of the month they turn 65. Overseas, TRICARE serves as first payer for covered services, after you pay an annual deductible and cost share. Medicare does not pay for services rendered overseas, but does pay for stateside services.

○ There are no enrollment fees for TRICARE For Life. However, you are required to enroll in Medicare Part B. Medicare Part B has a monthly fee. Please check with the Social Security Administration online

at www.ssa.gov, toll-free at 1-800-772-1213, or visit Medicare online at www.medicare.gov, for more information about enrolling in Medicare Part B and monthly fees that will apply to you. You may also contact your closest U.S. Embassy/Consulate Federal Benefit Unit for assistance.

○ You must be enrolled in Medicare Part B once you turn 65 years old in order for TRICARE to pay for any of your health care costs. For services payable by TRICARE but not Medicare, such as overseas care, TRICARE will pay the same as if you were under age 65. You will be responsible for the TRICARE fiscal year deductible and cost shares as under the TRICARE Standard program.

○ If you receive care from a civilian provider in the U.S., your provider will file claims with Medicare. Medicare will pay its portion, then automatically forward the claim to TRICARE for the remaining amount. TRICARE will send its payment directly to your provider. You will receive an Explanation Of Benefits (EOB) that indicates the amount paid to your provider.



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